U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 ...

FORM LM-30 LABOR ORGANIZATION OFFICER AND ପ୍ରସାରକ ମନ୍ଦ୍ରକ୍ତ ଓଡ଼ିଆ ନଥା । ଏ ଓ**ର୍ଗ୍ରହମ** କରୁ ଅନୁକ୍ରଣ କମ୍ପର୍କ କଥା । ଜୁନ୍ତୁର ଜନ୍ମ ଓଡ଼ିଆ ଓଡ଼ିଆ ନଥା । ଓଡ଼ିଆ ନିର୍ମ୍ବ ଓଡ଼ିଆ ମନ୍ଦ୍ର କଥା । ଓଡ଼ିଆ **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

10 4 May 1 - 11



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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		/ .ars				
1. File Number U - 7778			2. Fiscal Year Covered From:			
:			1/1/2	2004 Through:	12 / 31 / 2004	
3. Name and address of person filing.			4. Name, file number, and address of labor organization.			
Name Marcus J	Ruef	Name Brotherhood of Locomotive Engineers & Trainmen				
		Labor Organization File Number				
P.O. Box, Bldg., Room No., if any P.O. Box 1420		P.O. Box, Building and Room Number, if any				
Street		Street	1370 Ontario	St Mezza	nine	
City Harpers Ferry		City	Cleveland	an ang ang ang ang ang ang ang ang ang a		
State West Virginia	ZIP Code + 4 25425-1420	State	Ohio	The state of the s	ZIP Code + 4 44113-1702	
5, Position in labor organization. Arbit	5. Position in labor organization. Arbitration Assistant					
A. Held an interest in, engaged in transmonetary value from an employer w 6. Name and address of Employer (included Name) Trade Name, if any: P.O. Box, Bldg., Room No., if any	hose employees your organization	epres no	acome or other econsents or is actively ure of Interest, Transa	seeking to repre	esent.	
1.0. box, blug., room ro., il ally		7.b. Am	ount.			
Street City State	ZIP Code + 4		The second secon			
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Marcus J. Fru	//	On	7/12/2005	304-725-56	695	
			Date	Т	elephone Number	
Form I M-30 (2003)						

Name of Person Filing Marcus Ruef	File Number U -						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name M. J. Ruef Trade Name, if any: Arbitration Services P.O. Box, Bldg., Room No., if any P.O. Box 1420 Street City Harpers Ferry State West Virginia ZIP Code + 4 25425-1420	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Preparing arbitration briefs for general committees of adjustment service basis.						
Street	11.b. Approximate dollar value of such dealing.	\$1,000					
State ZIP Code + 4	12.a. Nature of interest held or income received. Briefs prepared for BNSF (BN) BLET/IBT General Committee of Adjustment.						
MARKET O T	12.b. Amount.	\$1,000					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.						
Name Trade Name, if any:							
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.						